



FLWEMS Paramedics Adult Protocol for the Management of:

SHOCK

(To include septic and non-traumatic hypovolemic shock)

Shock Etiology

Cardiogenic Shock – See Cardiovascular Emergencies Protocols

Neurogenic Shock – See Trauma Protocol

Anaphylactic Shock – See Anaphylaxis Protocol

Hypovolemic Shock due to Trauma – See Multi-Systems Trauma Protocol

Indications

To outline the paramedic care and management of the patient who exhibits clinical signs of shock with the problem etiology of sepsis and/or volume loss.

Procedure

1. Secure an airway as outlined in FLWEMS Paramedics Adult Protocol for the Management of Airway & Ventilation and administer supplemental **Oxygen** as needed. Consider use of PEEP on intubated patients.
2. Establish two large bore IV's and infuse crystalloid (LR or NS) on pressure bags. Fluid replacement should be at a rate of two liters ASAP, follow up with two more liters or until clinical signs of shock are absent. Notify medical control in ALL cases when > 2 liters of IV fluid has been infused in route and the patient remains hypotensive SBP (< 90mm/Hg) or exhibits clinical signs of shock.
3. Refer to the ACLS algorithm for "Acute Pulmonary Edema, Hypotension, Shock".
4. Transport to appropriate Emergency Department.
5. Contact medical control for further orders as needed.

Special Considerations

1. Refer to FLWEMS Paramedics Adult Protocol for the Management of Infectious Disease protocol.
2. Patients who are hyperthermic will have a higher **Oxygen** demand.

CAIRA/Chemical Surety Considerations

None

Triage Considerations

Refer to S.T.A.R.T. Triage Protocol

END OF SOP - NOTHING FOLLOWS